

Request for Special Circumstance Review 2025-2026 Academic Year

Student's Name: _____ MassBay ID#: _____

1. Will your income and/or your spouse's or parents' income be less in 2025 than in 2024?
 Yes No

2. Please report the date the change took place and then check the appropriate reason below.

DATE OF CHANGE: _____

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | |
| | Loss of income due to COVID-19 pandemic |
| | Unemployment or change in employment |
| | Divorce/separation |
| | Disability of student, spouse or parent |
| | Death of spouse or parent |
| | Unusual medical expenses |
| | One-time adjustments to income (e.g. back paid Social Security, IRA or pension distribution) |

Required Documentation to submit with this form:

1. A separate typed letter, including physical signature and date, explaining your special circumstances in detail.
2. Income Tax Documentation: (*If you do not have either document below please explain why, in your letter explaining your special circumstance.*)
 - o Most Recent Federal Tax Return Transcripts or a signed copy of the Federal Tax Return.
3. Supporting documentation related to your circumstance. *Examples:* last pay stub, unemployment forms, layoff notice, current paystub - if re-employed (include spouse's most recent paystub if married), court papers, doctor's note, disability claim, death certificate, etc.)

***Please Note:** We **WILL NOT** process your request without a complete form and proper documentation. Failure to provide the requested documentation will result in a delay and/or possible denial regarding the processing of your review request.

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| Anticipated Income for 01/01/2025 to 12/31/2026 | <u>Actual</u> 01/01/25 -Today | <u>Estimated</u> Today -12/31/25 | <u>Total</u> |
|--|----------------------------------|-------------------------------------|--------------|
| Student's wages, salaries, tips (including severance pay, disability payments and other income from work) | | | |
| Spouse's salaries, tips (including severance pay, disability payments and other income from work) – if applicable | | | |
| Father's wages, salaries, tips (including severance pay, disability payments and other income from work) – if applicable | | | |
| Mother's wages, salaries, tips (including severance pay, disability payments and other income from work) – if applicable | | | |
| Unemployment Benefits | | | |
| Social Security Benefits | | | |
| Alimony and/or child support | | | |
| Other Untaxed income (e.g. Workers' Compensation) | | | |
| Total Anticipated Income for 2025 | | | |

***Do not leave blank boxes above! If it is zero, please write zero or not applicable.
Incomplete forms will be returned to the student.***

My physical signature certifies that the information provided above is true. I agree to provide additional proof of the information, if requested.

Student's Signature

Date

Parent's Signature

Date

Deadline to submit: April 10, 2026

Please note: By using a typable format to sign your name electronically using this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.